## STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

DEC 1 0 2018

RE STATE

I. Name of Lobbylst(s)	Kerstin Co	ornell	•		NEW HAMPSHI
II. Name of lobbyist's partnership, firm or corporation, if any:					DEPARTMENT OF
	ampshire Lega of partnership, firm or				
1850 Eln	n Street, Suite	7 Ma	nchester, NH (	3104	
Business Address: (Street	)	(Town/City)		ate)	(Zip Code)
( ) <u>603-224-41</u> (Telephone)	07 (	) 603-224- (Fax)	2053 e-mail_	kcorne	ell@nhla.org
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).					
All reportable transactions occurring in the months prior to the reporting date relative to the following client:					
· (F	Full Name of Client as	it appears on the Lo	bbyist Registration Po	rm)	
OR	ions by the lobbyist				rm listed below which are
Reports cover: activity f	April 25, 2018 D from date of registrate Dotober 31, 2018 A ivity from 7/1/18 to 9/		July 25, 20. activity from 4/1/18 January 30, activity from 10/1/.	2019 🗆	
V. There have been no If this box is checked, con Concord, NH 03301.	o fees received an aplete just this form	ed no reportable and submit it to th	transactions made e Secretary of State'	le since the 's Office, Stat	last report. X le House, Room 204,
VI. Check if additional r	cports are attache	ed:			
☐ If you have received if					
☐ If you have paid an he Expense Reimbursement	onorarium or reimb	ursed expenses, yo	u must file Addendi	ım B– Repor	t of Honorariums or
If you, your firm, or y	our family has mad	le political contribu	ations, you must file	Addendum	C-Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of (Signature of lobbyist)	15-B, RSA 14-C at	nd RSA 664 and he		that the fore	
(Print Name of labbylat)	<del></del>				